CLAIMS ONLY				Application Number		Filing Date	
				Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/	/					55						
6		/					56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64		/				
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23							73						
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26							76						
27							77						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						